

APPLICANT MUST FILL OUT  
THE FORM COMPLETELY



Department of Public Safety  
**STATE FIRE MARSHAL'S OFFICE**

52 State House Station  
Augusta, ME 04333-0052

Tel. (207) 626-3880



APPLICATION FOR INSPECTION,  
PERMIT, OR LICENSE.

FAX: (207) 287-6251

**APPLICATION FOR FIREWORKS TECHNICIAN LICENSE**

CHECK ONE

**APPLICATION FOR NEW TECHNICIAN:**

New applicant Fee: \$180.00

**APPLICATION FOR RENEWAL:**

Renewal Fee: \$25.00

HAVE ANY OF YOUR PREVIOUS PERMITS BEEN REVOKED FOR ANY REASON?

NO

YES

In accordance with the provisions of R.S., Title 8, Sec 212, as amended, application is hereby made for a permit to discharge, fire off or explode fireworks. A records check will be conducted on all applicants. Misrepresentation will be grounds for automatic disapproval of permit. In addition to the amounts listed above the applicant must submit \$21.00 fee to cover the cost of the records check.

Name:

LAST

MIDDLE

FIRST

LEGAL RESIDENCE

Street address:

Mailing address:

City:

State

Zip Code

DATE OF BIRTH

Telephone:

In the past five years have you been convicted of any of the following crimes and if so list the same. Family Abuse, failure to meet family support obligations, 3 or more class D or class E crimes, 3 or more civil violations, or any other violation with records indicating applicant has engaged in recklessness or negligence that endangered the safety of others?

YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

Applicants must include two passport type photos of themselves measuring 1 inch by 1 inch with this application. Photos can be taken at the Augusta Office from 8:00 am to 4:00 p.m. Monday through Friday. Also the applicant must review the attached ID form for accuracy and sign the ID form prior to returning this form for processing.



PLEASE MAKE ANY CHANGES IN THE FORM BELOW



LIST ANY CHANGES HERE

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

STATE OF MAINE LICENSE	
<b>FIREWORKS TECHNICIAN</b>	
<b>S</b> <b>A</b>	NAME _____
	DATE OF BIRTH _____
	COMPANY _____
	HEIGHT _____ WEIGHT _____ EYES _____
SIGNATURE _____	
LICENSE NO. _____	DATE ISSUED _____ DATE EXPIRES _____

**IDENTIFICATION ONLY**



**DEPARTMENT OF PUBLIC SAFETY USE ONLY**



Fee For renewal: \$25.00  
New License Fee: \$180.00  
Add \$21.00 for Background  
Check DATE: \_\_\_\_\_

SENT TO INSPECTOR  
FOR TESTING?  
DATE: \_\_\_\_\_

TEST GIVEN  
DATE: \_\_\_\_\_

PERMIT ISSUED  
DATE: \_\_\_\_\_

PERMIT #: